

United States Bankruptcy Court
Southern District of New York

In re:

LEHMAN BROTHERS HOLDINGS INC, et al.,

Chapter 11

Case No. 08-13555 (JMP)

Jointly Administered

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. §1111 (a). Transferee hereby gives notice pursuant to Rule 3001(e) (2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this notice.

Contrarian Funds, LLC

Name of Transferee

Name and address where notices
to transferee should be sent:

Contrarian Funds, LLC
411 West Putnam Ave., Ste. 425
Greenwich, CT 06830
Attention: Alisa Mumola
Telephone: 203-862-8211
Email: amumola@contrariancapital.com

JULIUS MEINL INVESTMENT GMBH

Name of Transferor

Name and Current Address of Transferor

JULIUS MEINL INVESTMENT GMBH
NICOLE STREBINGER
KAERTNER RING 2/5
A-1010 VIENNA,
AUSTRIA

Proof of Claim #: 46765

Total amount of Claim: \$465,105.17

I declare under penalty of perjury that the information provided in this notice
is true and correct to the best of my knowledge and belief.

By: _____/s/ *Alisa Mumola*_____

Date: _____May 13, 2010_____

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 & 3571.

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York
AND TO: CONTRARIAN FUNDS, LLC

JULIUS MEINL INVESTMENT GMBH, located at Kaertner Ring 2/5, A-1010 Vienna, Austria (“**Seller**”), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of a Transfer of Claim Agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **CONTRARIAN FUNDS, LLC**, its successors and assigns, with offices at 411 West Putnam Avenue, Suite 425, Greenwich, CT 06830 (“**Buyer**”), all right, title and interest in and to the claim of Seller against **LEHMAN BROTHERS HOLDING INC.** (which arises under a guarantee of Lehman Brothers International (Europe)) given **CLAIM NUMBER 46765** in the amount of **\$465,105.17**, **ISIN XS0241963726** (collectively the “**Claim**”) in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13555(JMP)(jointly administered).

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this Assignment of Claim as an unconditional assignment and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

IN WITNESS WHEREOF, dated as of the 13th day of March, 2010.

JULIUS MEINL INVESTMENT GMBH

By: /s/ *Nicole Strebinger*

CONTRARIAN FUNDS, LLC

By: Contrarian Capital Management, L.L.C. as manager

By: /s/ *Janice Stanton*

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR-Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000046765



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

JULIUS DEINL INVESTMENT GMBH, NICOLE STREIBINGER
KAERTNER RING 215; A-1010 VIENNA
+43 1 531 88 186; streibinger@meibank.com

Telephone number:

Email Address:

Name and address where payment should be sent (if different from above)

Telephone number:

Email Address:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 465 105,165 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): X50241963726 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6034081 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

94167 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

5.10.09

N. Streibinger

FOR COURT USE ONLY

FILED / RECEIVED

OCT 26 2009

EPIC BANKRUPTCY SOLUTIONS, LLC